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## Rulemaking Hearing Rule(s) Filing Form

*Rulemaking Hearing Rules are rules filed after and as a result of a rulemaking hearing. T.C.A. § 4-5-205*

<b>Agency/Board/Commission:</b>	Department of Health
<b>Division:</b>	Bureau of Health Licensure and Regulation Division of Health Care Facilities
<b>Contact Person:</b>	Keith D. Hodges, Assistant General Counsel
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**Revision Type (check all that apply):**

☒ Amendment  
☒ New  
☐ Repeal

**Rule(s) Revised** (ALL chapters and rules contained in filing must be listed here. If needed, copy and paste additional tables to accommodate multiple chapters. Please enter only **ONE** Rule Number/Rule Title per row)

Chapter Number	Chapter Title
1200-08-12	Trauma Centers
Rule Number	Rule Title
1200-08-12-.03	Definitions
1200-08-12-.06	Trauma Registry Data

(Place substance of rules and other info here. Statutory authority must be given for each rule change. For information on formatting rules go to <http://state.tn.us/sos/rules/1360/1360.htm>)

#### Amendment

Rule 1200-08-12-.03 Definitions is amended by adding the following paragraphs in the appropriate order and renumbering all current paragraphs in alphabetical order and moving paragraph (8) "Comprehensive Regional Pediatric Center" to its alphabetical order:

- ( ) "Advisory Council" means the Tennessee Trauma Care Advisory Council.
- ( ) "Commissioner" means the Commissioner of the Tennessee Department of Health.
- ( ) "Data" means the original information contained on the report required by the regulations, including, but not limited to, both identifying and non-identifying information.
- ( ) "Health care practitioner" means a physician, surgeon, or other health care professional licensed under T.C.A. Title 63 or Title 68 who is engaged in diagnosing and/or treating patients within the trauma care system.
- ( ) "Identifying information" means any information that could lead to the identification of a patient who has been diagnosed or treated within the trauma care system.
- ( ) "Medical Record" means medical histories, records, reports, summaries, diagnoses, prognoses, records of treatment and medication ordered and given, entries, x-rays, radiology interpretations, and other written, electronic, or graphic data prepared, kept, made or maintained in a facility that pertains to confinement or services rendered to patients admitted or receiving care.
- ( ) "Person" means any member of the "medical, scientific, and academic research community."
- ( ) "Policies and Procedures Manual" means the document(s) maintained in the offices of the Tennessee Trauma Registry giving specific written instructions for the implementation of policies and procedures utilized by the registry and which may be updated from time to time.

Authority: T.C.A. §§ 68-11-209 and 68-11-259.

#### New Rule

##### 1200-08-12-.06 Trauma Registry Data

Chapter 1200-08-12 Trauma Centers is amended by adding a new Rule 1200-08-12-.06 Trauma Registry Data which shall read as follows:

##### 1200-08-12-.06 Trauma Registry Data

- (1) Confidentiality.
  - (a) T.C.A. § 68-11-259 provides for the confidentiality of data obtained from the reports of trauma patients.
  - (b) Information contained in the trauma registry that reasonably could be expected to reveal the identity of any patient or a reporting facility may not be made available to the public.
  - (c) Trauma registry responsibilities
    - 1. The trauma registry shall take strict measures to ensure that all patient identifying information is treated as confidential and privileged.

2. All employees and consultants, including auditors of the trauma registry, shall sign a Tennessee Trauma Registry Employee Confidentiality Pledge and these signed pledges shall be kept on file.
  3. Protection of report sources. Hospitals, laboratories, facilities, or health care practitioners who disclose trauma care data to the trauma registry or its employees in conformity with T.C.A. § 68-11-259 and rules and regulations promulgated thereto shall not be held liable for the release of such data to the department, unless the person or entity has knowledge of any falsity of the information reported or disclosed.
- (d) Protection of patient identifying information obtained by special studies and other research studies
1. All identifying information such as records of interviews, questionnaires, reports, statements, notes, and memoranda that are procured or prepared by employees or agents of the trauma registry shall be used solely for statistical, scientific and medical research purposes and shall be held strictly confidential by the trauma registry.
  2. This applies also to identifying information procured by any other person, agency, or organization, including public or private colleges and universities acting jointly with the trauma registry in connection with special health studies and research investigations.
- (2) Release of Data
- (a) Release of non-identifying information
1. To the Tennessee Department of Health:
    - (i) The trauma registry shall work closely with the Tennessee Department of Health in investigating the causes and consequences of traumatic injuries and in evaluating programs.
    - (ii) Because the trauma registry data are an integral part of the Tennessee Department of Health traumatic injury prevention and control programs, the use of trauma registry data by public health officials shall be considered an in-house activity.
  2. To the general public:
    - (i) Public reports published by the trauma registry shall include aggregate, not patient identifying information or facility identifying information.
    - (ii) Information that would potentially identify a trauma patient shall not be published.
    - (iii) Non-identifying information may be made available to the general public upon request to the department.
    - (iv) The availability of any data shall depend upon the department's financial or other ability to comply with such requests. The trauma registry shall respond to public requests as quickly as possible, subject to staffing constraints.
- (b) Release of identifying information
1. Identifying information collected from any hospital, laboratory, facility, or health care practitioner may be released to qualified persons for the purposes of

traumatic injury prevention, control, care, and research, provided that each request for identifying information follows the established procedure outlined in the trauma registry Policies and Procedures Manual and receives prior approval by the department.

2. Identifying information that is collected solely by the trauma registry for its own special studies shall not be released.
- (c) Annual Report. A statistical report shall be prepared at the completion of each year's data collection cycle and will be distributed as requested.
- (3) Request procedure for patient identifying information
  - (a) Requests for identifying information shall be reviewed and approved by the department according to the policies of the Tennessee Department of Health and the trauma registry.
  - (b) A detailed description of the procedures for requesting identifying information can be obtained from the trauma registry.

Authority: T.C.A. §§ 68-11-209 and 68-11-259.

\* If a roll-call vote was necessary, the vote by the Agency on these rulemaking hearing rules was as follows:

Board Member	Aye	No	Abstain	Absent	Signature (if required)
Larry Arnold, MD	X				
Sylvia Burton	X				
Betsy Cummins	X				
Alex Gaddy				X	
Robert Gordon	X				
Jennifer Gordon-Maloney, DDS				X	
Luke Gregory	X				
Janice Hill	X				
Roy King, MD				X	
Carissa Lynch	x				
Annette Marlar	X				
John Marshall	X				
David Rhodes	X				
Jim Shulman				X	
Bobby Wood				X	
Vacant					

I certify that this is an accurate and complete copy of rulemaking hearing rules, lawfully promulgated and adopted by the Board for Licensing Health Care Facilities on 09/12/2012, and is in compliance with the provisions of T.C.A. § 4-5-222.

I further certify the following:

Notice of Rulemaking Hearing filed with the Department of State on: 07/06/12

Rulemaking Hearing(s) Conducted on: (add more dates). 09/12/12

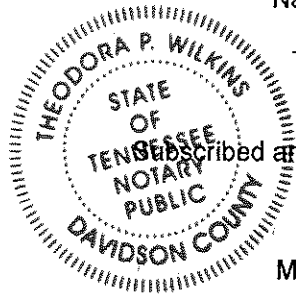
Date: October 2, 2012

Signature: [Signature]

Name of Officer: Keith D. Hodges

Assistant General Counsel

Title of Officer: Department of Health



Subscribed and sworn to before me on: 10/2/12

Notary Public Signature: Theodora P. Wilkins

My commission expires on: 11/3/15

All rulemaking hearing rules provided for herein have been examined by the Attorney General and Reporter of the State of Tennessee and are approved as to legality pursuant to the provisions of the Administrative Procedures Act, Tennessee Code Annotated, Title 4, Chapter 5.

[Signature]  
Robert E. Cooper, Jr.  
Attorney General and Reporter  
2-6-13

Date

Department of State Use Only

Filed with the Department of State on: 2/12/13

Effective on: 5/13/13

*Tre Hargett*

Tre Hargett  
Secretary of State

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## **Public Hearing Comments**

One copy of a document containing responses to comments made at the public hearing must accompany the filing pursuant to T.C.A. § 4-5-222. Agencies shall include only their responses to public hearing comments, which can be summarized. No letters of inquiry from parties questioning the rule will be accepted. When no comments are received at the public hearing, the agency need only draft a memorandum stating such and include it with the Rulemaking Hearing Rule filing. Minutes of the meeting will not be accepted. Transcripts are not acceptable.

There were no verbal comments at the rulemaking hearing and no written comments received.

**Regulatory Flexibility Addendum**

Pursuant to T.C.A. §§ 4-5-401 through 4-5-404, prior to initiating the rule making process as described in T.C.A. § 4-5-202(a)(3) and T.C.A. § 4-5-202(a), all agencies shall conduct a review of whether a proposed rule or rule affects small businesses.

(If applicable, insert Regulatory Flexibility Addendum here)

**Regulatory Flexibility Analysis**

- (1) The proposed rules do not overlap, duplicate, or conflict with other federal, state, or local government rules.
- (2) The proposed rules exhibit clarity, conciseness, and lack of ambiguity.
- (3) The proposed rules are not written with special consideration for the flexible compliance and/or requirements because the licensing boards have, as their primary mission, the protection of the health, safety and welfare of Tennesseans. However, the proposed rules are written with a goal of avoiding unduly onerous regulations. The rules are written to regulate the release of data from the state trauma registry.
- (4) The compliance requirements throughout the proposed rules are as "user-friendly" as possible while still allowing the division of health care facilities to achieve its mandated mission in regulating trauma care centers and the state trauma registry. There is sufficient notice between the rulemaking hearing and the final promulgation of these rules to allow services and providers to come into compliance with the proposed rules.
- (5) Compliance requirements in the proposed rules are not consolidated or simplified for small businesses for the protection of the health, safety and welfare of Tennesseans.
- (6) The standards required in the proposed rules are very basic and do not necessitate the establishment of performance standards for small businesses.
- (7) There are no unnecessary entry barriers or other effects in the proposed rules that would stifle entrepreneurial activity or curb innovation.



## STATEMENT OF ECONOMIC IMPACT TO SMALL BUSINESSES

**Name of Board, Committee or Council:** Tennessee Department of Health, Board for Licensing Health Care Facilities

**Rulemaking hearing date:** September 12, 2012

**Types of small businesses that will be directly affected by the proposed rules:**

These rule changes only affect hospitals, not small businesses.

**Types of small businesses that will bear the cost of the proposed rules:**

The rule changes impact hospitals only. Economic impact was considered when drafting the proposed rules with an effort to make sure that they have minimal additional costs for small businesses.

**Types of small businesses that will directly benefit from the proposed rules:**

It is likely that the attached rules would directly benefit hospitals designated as trauma centers, especially those involved in medical research, by regulating the release of data from the state trauma registry.

**Description of how small business will be adversely impacted by the proposed rules:**

The rule changes are not expected to adversely impact small businesses.

**Alternatives to the proposed rule that will accomplish the same objectives but are less burdensome, and why they are not being proposed:**

The Department of Health, Board for Licensing of Health Care Facilities does not believe there are less burdensome alternatives to the proposed rule amendments.

**Comparison of the proposed rule with federal or state counterparts:**

**Federal:** None.

**State:**

The proposed rule amendments will have no state counterpart because the Department of Health, Board for Licensing Health Care Facilities is the only agency in Tennessee charged with regulating the trauma registry and/or hospitals.

### **Impact on Local Governments**

Pursuant to T.C.A. §§ 4-5-220 and 4-5-228 "any rule proposed to be promulgated shall state in a simple declarative sentence, without additional comments on the merits of the policy of the rules or regulation, whether the rule or regulation may have a projected impact on local governments." (See Public Chapter Number 1070 (<http://state.tn.us/sos/acts/106/pub/pc1070.pdf>) of the 2010 Session of the General Assembly)

These rule amendments and new rule are not expected to have an impact on local governments.

## Additional Information Required by Joint Government Operations Committee

All agencies, upon filing a rule, must also submit the following pursuant to T.C.A. § 4-5-226(i)(1).

- (A) A brief summary of the rule and a description of all relevant changes in previous regulations effectuated by such rule;

The proposed rules promulgate amendments to the rules governing Trauma Centers by amending Rule 1200-08-12-.03 Definitions and 1200-08-12-.06 Trauma Registry Data. The proposed rules add definitions pertinent to the release of medical data submitted to the state trauma registry. Additionally, the rule amendments regulate the procedure for the release of data contained in the state trauma registry.

- (B) A citation to and brief description of any federal law or regulation or any state law or regulation mandating promulgation of such rule or establishing guidelines relevant thereto;

T.C.A. § 68-11-259 established the trauma registry in 2005 and granted the authority to promulgate rules and regulations to administer the registry and its activities.

- (C) Identification of persons, organizations, corporations or governmental entities most directly affected by this rule, and whether those persons, organizations, corporations or governmental entities urge adoption or rejection of this rule;

Hospital trauma centers and entities involved in research involving trauma care.

- (D) Identification of any opinions of the attorney general and reporter or any judicial ruling that directly relates to the rule;

None known.

- (E) An estimate of the probable increase or decrease in state and local government revenues and expenditures, if any, resulting from the promulgation of this rule, and assumptions and reasoning upon which the estimate is based. An agency shall not state that the fiscal impact is minimal if the fiscal impact is more than two percent (2%) of the agency's annual budget or five hundred thousand dollars (\$500,000), whichever is less;

- (F) Identification of the appropriate agency representative or representatives, possessing substantial knowledge and understanding of the rule;

Keith D. Hodges, Assistant General Counsel, as well as Robert Seesholtz, Trauma Director, possess substantial knowledge and understanding of the rule.

- (G) Identification of the appropriate agency representative or representatives who will explain the rule at a scheduled meeting of the committees;

Keith D. Hodges, Assistant General Counsel, as well as Robert Seesholtz, Trauma Director, will explain the rules at a scheduled meeting of the Government Operation Committee.

- (H) Office address, telephone number, and email address of the agency representative or representatives who will explain the rule at a scheduled meeting of the committees; and

Keith D. Hodges, Assistant General Counsel, Tennessee Department of Health, 220 Athens Way, Suite 210, Nashville, TN 37243, (615) 741-1611, Keith.D.Hodges@tn.gov; Robert Seesholtz, Trauma Director, 227 French Landing Drive, Suite 300, Nashville, TN 37243, (615) 741-7208, Robert.Seesholtz@tn.gov

- (I) Any additional information relevant to the rule proposed for continuation that the committee requests.

Keith D. Hodges will provide any additional information requested by the Government Operations Committee.

**RULES  
OF  
THE TENNESSEE DEPARTMENT OF HEALTH  
DIVISION OF HEALTH CARE FACILITIES**

**CHAPTER 1200-08-12  
TRAUMA CENTERS**

**TABLE OF CONTENTS**

1200-08-12-.01	Preamble	1200-08-12-.04	Requirements
1200-08-12-.02	Authority	1200-08-12-.05	Repealed
1200-08-12-.03	Definitions		

**1200-08-12-.01 PREAMBLE.** The Tennessee Department of Health is empowered to adopt such regulations and standards pertaining to the operation and management of hospitals as are necessary for the public interest. On November 24, 1982, the EMS Advisory Council prepared and presented to the Board for Licensing Health Care Facilities ("Board") a recommendation that a formal review of the issues involved in the designation of trauma centers for the State of Tennessee be explored. Subsequently, on February 17, 1983, the Board requested a presentation regarding the City of Memphis Hospital Trauma Center in an effort to further define the need for action on trauma center designation and/or categorization. As a result of that presentation, the Board created a Task Force to evaluate and recommend criteria concerning the development of trauma systems and the operation of trauma centers in the state.

The process of Designation and Reverification is voluntary on the part of hospitals in the state. It is meant to identify those hospitals that make a commitment to provide a given level of care of the acutely injured patient. Knowledge of statewide trauma care capabilities and the use of trauma triage protocols will enable providers to make timely decisions, promote appropriate utilization of the trauma care delivery system, and ultimately save lives.

**Authority:** T.C.A. § 68-11-201 et seq. **Administrative History:** Original rule filed September 18, 1985; effective October 18, 1985. Repeal and new rule filed December 5, 2011; effective March 4, 2012.

**1200-08-12-.02 AUTHORITY.** The Board for Licensing Health Care Facilities issues these regulations under the authority granted at T.C.A. 68-11-201 et seq.

**Authority:** T.C.A. § 68-11-201 et seq. **Administrative History:** Original rule filed September 18, 1985; effective October 18, 1985. Repeal and new rule filed December 5, 2011; effective March 4, 2012.

**1200-08-12-.03 DEFINITIONS.**

(1) "Advisory Council" means the Tennessee Trauma Care Advisory Council.

(1) "Board" means the Board for Licensing Health Care Facilities.

(1) "Commissioner" means the Commissioner of the Tennessee Department of Health.

(1) "Comprehensive Regional Pediatric Center (CRPC)" means a facility designated as CRPC that shall be capable of providing comprehensive specialized pediatric medical and surgical care to all acutely ill and injured children. The center shall be responsible for serving as a regional referral center for the specialized care of pediatric patients or in special circumstances provide safe and timely transfer of children to other resources for specialized care. Rules and regulations governing CRPCs are delineated in Chapter 1200-08-30.

(Rule 1200-08-12-.03, continued)

- (1) "Data" means the original information contained on the report required by the regulations, including, but not limited to, both identifying and non-identifying information.
- (2) "Department" means the Tennessee Department of Health.
- (3) "Facility" shall have the same meaning as defined in T.C.A. § 68-11-201(18).
- (1) "Health care practitioner" means a physician, surgeon, or other health care professional licensed under T.C.A. Title 63 or Title 68 who is engaged in diagnosing and/or treating patients within the trauma care system.
- (1) "Identifying information" means any information that could lead to the identification of a patient who has been diagnosed or treated within the trauma care system.
- (4) "Levels of Care" means the type of trauma service provided by the facility as shown by the degree of commitment in personnel and facilities made to the delivery of that service.
- (5) "Level I" means a facility providing optimum care for the acutely injured patient and which meets all requirements in these regulations defined as Level of Care I.
- (6) "Level II" means a facility providing optimum care for the acutely injured patient and which meets all requirements in these regulations defined as Level of Care II.
- (7) "Level III" means a facility providing a maximum trauma care commensurate with community resources. The Level III facility generally serves communities without all the resources usually associated with Level I or II facilities. Planning for care of the injured in small communities or suburban settings usually calls for transfer agreements and protocols for the most severely injured patients. Designation of the Level III facility may also require innovative use of the region's resources. For example, if there is no neurosurgeon in a large, sparsely populated region it may require that a general surgeon be prepared to provide the emergency decompression of mass lesions and arrangement for patient transfer to the most appropriate Level I or II hospital after the surgeon has carried out the patient's life-saving operation. Staffing of the Level III hospital is another example of the innovative use of a region's resources. It will be impractical to require a general surgeon to be in-house in many instances. With modern communication systems it seems reasonable that the surgeon should be promptly available and in a great majority of instances meet the patient in the emergency room on arrival. When a Level III hospital first receives notification of a critically injured patient, it can activate on-call personnel to respond promptly to the hospital. The intent of this flexibility should be clear: to provide the best possible care even in the most remote circumstances.
- ~~(8) "Comprehensive Regional Pediatric Center (CRPC)" means a facility designated as CRPC that shall be capable of providing comprehensive specialized pediatric medical and surgical care to all acutely ill and injured children. The center shall be responsible for serving as a regional referral center for the specialized care of pediatric patients or in special circumstances provide safe and timely transfer of children to other resources for specialized care. Rules and regulations governing CRPCs are delineated in Chapter 1200-08-30.~~
- (1) "Medical Record" means medical histories, records, reports, summaries, diagnoses, prognoses, records of treatment and medication ordered and given, entries, x-rays, radiology interpretations, and other written, electronic, or graphic data prepared, kept, made or maintained in a facility that pertains to confinement or services rendered to patients admitted or receiving care.
- (1) "Person" means any member of the "medical, scientific, and academic research community."

(Rule 1200-08-12-.03, continued)

- ( ) "Policies and Procedures Manual" means the document(s) maintained in the offices of the Tennessee Trauma Registry giving specific written instructions for the implementation of policies and procedures utilized by the registry and which may be updated from time to time.
- (9) "Trauma Center" shall have the same definition as provided in T.C.A. § 68-59-102(6).
- (10) "Trauma Registry" means a central registry compiled of injury incidence information supplied by designated trauma centers and Comprehensive Pediatric Emergency Centers for the purpose of allowing the Board to analyze data and conduct special studies regarding the causes and consequences of traumatic injury.
- (11) "E" means essential.
- (12) "D" means desired.
- (13) "FAST" means focused abdominal sonography for trauma.
- (14) "ACS-COT" means American College of Surgeons Committee on Trauma.
- (15) "ATLS" means Advanced Trauma Life Support.
- (16) "PGY" means postgraduate year.

**Authority:** T.C.A. §§ 4-5-202, 4-5-204, 68-11-201, 68-11-202, and 68-11-209. **Administrative History:** Original rule filed September 18, 1985; effective October 18, 1985. Amendment filed March 31, 1989; effective May 15, 1989. Amendment filed August 16, 2006; effective October 30, 2006. Repeal and new rule filed December 5, 2011; effective March 4, 2012.

#### 1200-08-12-.04 REQUIREMENTS.

- (1) Trauma registry requirements shall include the following:
- Each trauma center shall submit trauma registry data electronically to the trauma registry on all closed patient files.
  - Each trauma center shall submit trauma registry data for receipt no later than one hundred twenty (120) days after each quarter of the year. Trauma centers shall receive confirmation of successful submission no later than two weeks after submission.
  - Trauma centers which fail to submit required data to the trauma registry for three (3) consecutive quarters shall risk not receiving compensation from the Tennessee Trauma Center Fund.
- (2) Levels of Care
- Hospital Origination

1.	Trauma Service	I	II	III
	A recognizable program within the hospital which has a surgeon as its director/coordinator/physician in charge. The intent is to ensure the coordination of services and performance improvement for the trauma patient. The service includes personnel and other resources necessary to ensure appropriate and efficient provision of care and will vary according to facility and level of designation.	E	E	E

(Rule 1200-08-12-.04, continued)

15. Or substituted by current signed transfer agreement with burn center or hospital with burn unit.
16. Each Level I and II Center must have an organized protocol with a transplant team or service to identify possible organ donors and assist in procuring organs for donation.
17. All specialists must be available within 30 minutes.

**Authority:** T.C.A. §§ 4-5-202, 4-5-204, 68-11-202, and 68-11-209. **Administrative History:** Original rule filed September 18, 1985; effective October 18, 1985. Amendment filed March 31, 1989; effective May 15, 1989. Amendment filed August 31, 1990; effective October 15, 1990. Amendment filed October 20, 1992; effective December 4, 1992. Amendment filed July 21, 1993; effective October 4, 1993. Amendment filed August 16, 2006; effective October 30, 2006. Repeal and new rule filed December 5, 2011; effective March 4, 2012.

#### 1200-08-12-.05 REPEALED.

**Authority:** T.C.A. §§ 4-5-202, 4-5-204, 68-11-202, and 68-11-209. **Administrative History:** Original rule filed March 31, 1989; effective May 18, 1989. Amendment filed July 21, 1993; effective October 4, 1993. Repeal filed December 5, 2011; effective March 4, 2012.

#### 1200-08-12-.06 Trauma Registry Data

##### (1) Confidentiality.

(a) T.C.A. § 68-11-259 provides for the confidentiality of data obtained from the reports of trauma patients.

(b) Information contained in the trauma registry that reasonably could be expected to reveal the identity of any patient or a reporting facility may not be made available to the public.

##### (c) Trauma registry responsibilities

1. The trauma registry shall take strict measures to ensure that all patient identifying information is treated as confidential and privileged.

2. All employees and consultants, including auditors of the trauma registry, shall sign a Tennessee Trauma Registry Employee Confidentiality Pledge and these signed pledges shall be kept on file.

3. Protection of report sources. Hospitals, laboratories, facilities, or health care practitioners who disclose trauma care data to the trauma registry or its employees in conformity with T.C.A. § 68-11-259 and rules and regulations promulgated thereto shall not be held liable for the release of such data to the department, unless the person or entity has knowledge of any falsity of the information reported or disclosed.

(d) Protection of patient identifying information obtained by special studies and other research studies

1. All identifying information such as records of interviews, questionnaires, reports, statements, notes, and memoranda that are procured or prepared by employees or agents of the trauma registry shall be used solely for statistical, scientific and medical research purposes and shall be held strictly confidential by the trauma registry.

(Rule 1200-08-12-.05, continued)

2. This applies also to identifying information procured by any other person, agency, or organization, including public or private colleges and universities acting jointly with the trauma registry in connection with special health studies and research investigations.

(2) Release of Data

(a) Release of non-identifying information

1. To the Tennessee Department of Health:

- (i) The trauma registry shall work closely with the Tennessee Department of Health in investigating the causes and consequences of traumatic injuries and in evaluating programs.
- (ii) Because the trauma registry data are an integral part of the Tennessee Department of Health traumatic injury prevention and control programs, the use of trauma registry data by public health officials shall be considered an in-house activity.

2. To the general public:

- (i) Public reports published by the trauma registry shall include aggregate, not patient identifying information or facility identifying information.
- (ii) Information that would potentially identify a trauma patient shall not be published.
- (iii) Non-identifying information may be made available to the general public upon request to the department.
- (iv) The availability of any data shall depend upon the department's financial or other ability to comply with such requests. The trauma registry shall respond to public requests as quickly as possible, subject to staffing constraints.

(b) Release of identifying information

1. Identifying information collected from any hospital, laboratory, facility, or health care practitioner may be released to qualified persons for the purposes of traumatic injury prevention, control, care, and research, provided that each request for identifying information follows the established procedure outlined in the trauma registry Policies and Procedures Manual and receives prior approval by the department.
2. Identifying information that is collected solely by the trauma registry for its own special studies shall not be released.

- (c) Annual Report. A statistical report shall be prepared at the completion of each year's data collection cycle and will be distributed as requested.

(3) Request procedure for patient identifying information



(Rule 1200-08-12-.05, continued)

- (a) Requests for identifying information shall be reviewed and approved by the department according to the policies of the Tennessee Department of Health and the trauma registry.
- (b) A detailed description of the procedures for requesting identifying information can be obtained from the trauma registry.

Authority: T.C.A. §§ 68-11-209 and 68-11-259.